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210      7590      02/12/2007

MERCK AND CO., INC  
P O BOX 2000  
RAHWAY, NJ 07065-0907

05/15/2007 HGUTEMA2 00000004 132755 10531495

01 FC:1501 1400.00 DA  
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Barbara Muller	(Depositor's name)
<i>Barbara Muller</i>	(Signature)
May 10, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/531,495	04/15/2005	Michael J Breslin	21231YP	2691

TITLE OF INVENTION: MITOTIC KINESIN INHIBITORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/14/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHU, YONG LIANG	1626	514-422000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Nicole M. Beeler</u> 2 <u>David A. Muthard</u> 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Merck & Co., Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rahway, New Jersey 07065

2 Assignments recorded on 12/09/2005 on Reel/Frame 017108/0205 & 017108/0225

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **13-2755** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Nicole M. Beeler*

Date May 10, 2007

Typed or printed name

Nicole M. Beeler

Registration No. 45,194

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